**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION®

Washington, D.C. 20549

OMB APPROVAL

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Estimated average burden

hours per response . SEC USE ONLY

FORM D

ICE OF SALE OF SECURITIES

. JRSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

UNIFORM LIMITED OFFERING EXEMPTION

Serial

		99	111	
Name of Offering (☐ check if this is an amendation ORYX TECHNOLOGY CORP. COMMON ST	ment and name has changed, and indicate change	e.) THOMSON	1.1	
ORYX TECHNOLOGY CORP. COMMON ST	OCK AND WARRANT TO PURCHASE COM	MON STOR OFFERINGS	co co fee	
Filing Under (Check box(es) that apply): □Rule	504 □ Rule 505 ■ Rule 506 □ Section 4(6)	□ ULOE	.×	
Type of Filing: ■ New Filing: □Amendme	nt		1111 2 4 2003	
	A. BASIC IDENTIFICATION DATA			
1. Enter the information requested about the issu	er.			
Name of Issuer (☐ check if this is an amendme	nt and name has changed, and indicate change.)		100 100	
Oryx Technology Corp.			13/	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including	ng Area Code)	
4340 Almaden Expressway, Suite 220, San Jose, CA 95118 (408) 979-2955				
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Includir	ng Area Code)	

Brief Description of Business

03023969

Technology licensing and investment and management services.

Type of Business Organization

(if different from Executive Offices) Same

corporation ☐ limited partnership, already formed ☐ limited partnership, to be formed

□ other (please specify):

☐ business trust Actual or Estimated Date of Incorporation or Organization:

Month

April Year 1976 Actual

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

DE

☐ Estimated

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted of the filing of a federal notice

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Micciche, Philip J. Business or Residence Address (Number and Street, City, State, Zip Code) 4340 Almaden Expressway, Suite 220, San Jose, CA 95118 ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: □Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Intrater, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) 4340 Almaden Expressway, Suite 220, San Jose, CA 95118 ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: ☐ Executive Officer Director □ General and/or Managing Partner Full Name (Last name first, if individual) Abeles, John H., M.D. Business or Residence Address (Number and Street, City, State, Zip Code) 4340 Almaden Expressway, Suite 220, San Jose, CA 95118 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Haft, Jay M. Business or Residence Address (Number and Street, City, State, Zip Code) 4340 Almaden Expressway, Suite 220, San Jose, CA 95118 ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	-		<del></del>	<del></del>		- <del></del>							
					B. INFO	RMATIO	N ABOU	T OFFER	ung				
1. Ha	as the iss	uer sold, o	r does the	issuer inte	nd to sell.	to non-acc	redited inv	estors in th	is offering?			Yes	No ⊠
		•			•		rounce my		is offering.	***************************************	••••••		Œ.
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?								•••••	\$20	,000			
3. Does the offering permit joint ownership of a single unit?								Vec	No				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								Z Z					
Full Name (	Last nan	ne first, if	individual)	)									
No one has with sales of	been or f securiti	will be pa	id or give offering.	n, directly	or indirec	tly, any co	mmission (	or similar r	emuneratio	n for solici	tation of pu	ırchasers ir	connection
Business or	Residen	ce Address	s (Number	and Street	, City, Sta	te, Zip Cod	le)	•					
Name of As	ssociated	Broker or	Dealer					···········					
State in Wh												- 67.7 %	
(C	heck "A	ll States" o	or check in	dividual St	tates)			••••••			••••••		All States
]	AL] IL] MT] RI]	[ AK ] [ IN ] [ NE ] [ SC ]	[ AZ ] [ IA ] [ NV ] [ SD ]	[ AR ] [ KS ] [ NH ] [ TN ]	[ CA ] [ KY ] [ NJ ] [ TX ]	[ CO ] .[.LA ] [ NM ] [ UT ]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE ] [ MD ] [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[ FL ] [ MI ] [ OH ] [ WV ]	[ GA ] [ MN ] [ OK ] [ WI ]	[ HI ] [ MS ] [ OR ] [ WY ]	[ ID ] [ MO ] [ PA ] [ PR ]
Full Name (	(Last nan	ne first, if	individual)	) .									
Business or	Residen	ce Addres	s (Number	and Street	, City, Star	te, Zip Cod	le)			· · · · · · · · · · · · · · · · · · ·			
Name of As	sociated	Broker or	Dealer										THE STATE OF THE S
State in Wh													
(C	heck "A	ll States" o	or check in	dividual St	tates)	•••••	•••••	••••••					All States
]	AL] IL] MT] RI]	[ AK ] [ IN ] [ NE ] [ SC ]	[ AZ ] [ IA ] [ NV ] [ SD ]	[ AR ] [ KS ] [ NH ] [ TN ]	[ CA ] [ KY ] [ NJ ] [ TX ]	[ CO ] [ LA ] [ NM ] [ UT ]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE ] [ MD ] [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[ FL ] [ MI ] [ OH ] [ WV ]	[ GA ] [ MN ] [ OK ] [ WI ]	[ HI ] [ MS ] [ OR ] [ WY ]	[ ID ] [ MO ] [ PA ] [ PR ]
Full Name (	(Last nan	ne first, if	individual)	1									
Business or	Residen	ce Address	s (Number	and Street	, City, Stat	te, Zip Cod	e)						
Name of As	ssociated	Broker or	Dealer										
State in Wh													
(C	heck "A	ll States" o	or check in	dividual St	tates)						••••••••		All States
]	AL] IL] MT] RI]	[ AK ] [ IN ] [ NE ] [ SC ]	[ AZ ] [ IA ] [ NV ] [ SD ]	[ AR ] [ KS ] [ NH ] [ TN ]	[ CA ] [ KY ] [ NJ ] [ TX ]	[ CO ] [ LA ] [ NM ] [ UT ]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE ] [ MD ] [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[ FL ] [ MI ] [ OH ] [ WV ]	[ GA ] [ MN ] [ OK ] [ WI ]	[ HI ] [ MS ] [ OR ] [ WY ]	[ ID ] [ MO ] [ PA ] [ PR ]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange of offering, check this box: and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$0	\$0
	☑ Common ☐ Preferred	\$625,000.00	\$0
	Convertible Securities (including warrants)	\$468,750.00	\$0
	Partnership Interests.	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$1,093,750.00	\$0
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ1,023,730.00	φ0
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
Accre	dited Investors	0	<sup>6</sup> \$0
Non-a	accredited Investors	0	0
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	N/A
	Regulation A	N/A	N/A
	Rule 504	N/A	N/A
	Total	N/A	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	X	20,000.00
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$0
	Total	X	20,000.00

	- Question 1 and total expense difference is the "adjusted gross	s furnished in response to Part C - Question 4.a. This ss proceeds to the issuer."	S		ŕ
5.	used for each of the purposes sestimate and check the box to	the adjusted gross proceeds to the issuer used or proposhown. If the amount for any purpose is not known, the left of the estimate. The total of the payments list eds to the issuer set forth in response to Part C - Ques	furnish an ted must		es.
				Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries	and fees			\$0 □	\$0
Purchase	of real estate		🗆	\$0 □	\$0
Purchase	e, rental or leasing an installation		\$0 □	\$0	
Construc	tion or leasing of plant building		\$0 □	\$0	
offering	that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another		\$0 □	\$0
Repayme	ent of indebtedness		¸ <b>\$</b> 0 □	. \$0	
Working	capital		\$0 ເ	\$1,073,750	
Other (sp	pecify) Operating expenses				
				\$0 □	\$0
Column totals				\$0 ☒	\$1,073,750
Total Pa	yments Listed (column total add	\$0 ☒	\$1,073,750		
		D. FEDERAL SIGNATURE			
signature	constitutes an undertaking by t	be signed by the undersigned duly authorized person the issuer to furnish to the U.S. Securities and Exchan my non-accredited investor pursuant to paragraph (b)(	nge Commissio	n, upon written reque	
Issuer (P	rint or Type)	Signature		Date	
ORYX T	ECHNOLOGY CORP.	By://////		July <sup>23</sup> , 200	3
	Signer (Print or Type)	Title of Signer (Print or Type)		,,	<del></del>
Philip J.	Micciche	President, CEO and Director			E.

Enter the difference between the aggregate offering price given in response to Part C

\$761,250.00

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.